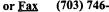
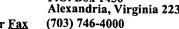
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450







INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	5.		, -p, g				
CURRENT CORRESPONDENCE	ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23117 75	(0.10)	`	have its own certifica	te of mailing or transmission.	g,		
NIXON & VAND	ERHYE, PC	/012	E	C	ertificate of Mailing or Trans	mission	
1100 N GLEBE RC				I hereby certify that	with sufficient postage for fir ail Stop ISSUE FEE address PTO (703) 746-4000, on the d	g deposited with the United	
8TH FLOOR			<u>S</u> /	addressed to the Ma	with sufficient postage for fir il Stop ISSUE FEE address	above, or being facsimile	
ARLINGTON, VA 22201-4714			2005	transmitted to the US	PTO (703) 746-4000, on the d	late indicated below.	
ARLINGTON, VA 22201-4714 MAR 1			્યા <u>મ</u>		. (Depositor's name)		
		E	Ø.			(Signature)	
		TRADEMA	ak Sx		 	(Date)	
			MALE L				
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/623,709 09/07/2000			Annika Bjore 3525-96 6411			6411	
TITLE OF INVENTION: NE	EW BISPIDINE COMPOU	NDS USEFUL IN	THE TREATMENT	OF CARDIAC ARRY	THMIAS		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$0	\$1400	03/21/2005	
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BERCH, MARK L		1624		514-278000			
1. Change of correspondence CFR 1.363).	address or indication of "Fe	ee Address" (37		the patent front page,	ı Misson	£ Vandarhya	
_ ′	ence address (or Change of 2) attached.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
			(2) the name of a single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print	or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear on Γa substitute for filir	the patent. If an assignment.	mee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE) RESIDENCE: (CI	Y and STATE OR CO	(2005 SZEWDIE2 00000159	09623709	
AstraZeneca AB			Sodertalje	, Sweder 01 FC: 02 FC:	1201	1400.00 OP 12.00 OP	
Please check the appropriate		<u> </u>		☐ Individual ☐ (Corporation or other private gro	oup entity Government	
4a. The following fee(s) are 6	enclosed:	46	4b. Payment of Fee(s):				
Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies4			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status (•	•	n	. 1			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the app							
NOTE: The Issue Fee and Puinterest as shown by the reco	blication Fee (if required) v	vill not be accepted	d from anyone other	han the applicant; a re	sly paid issue fee to the application gistered attorney or agent; or the	ation identified above.	
Authorized Signature			Date		March 18, 2005		
Typed or printed name Leonard C. Mitchard			Registration		n No. 29,009		
an application. Confidentialit submitting the completed ap- this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1	y is governed by 35 U.S.C. plication form to the USPT for reducing this burden, shaia 22313-1450. DO NOT 450.	. 122 and 37 CFR O. Time will vary nould be sent to the SEND FEES OR O	1.14. This collection depending upon the Chief Information (COMPLETED FORM	is estimated to take 12 individual case. Any of officer, U.S. Patent and S TO THIS ADDRES	the public which is to file (and minutes to complete, including comments on the amount of the d Trademark Office, U.S. Dep SS. SEND TO: Commissioner t displays a valid OMB control	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	